

9TH June 2016

Mr Todd Buttsworth

Secretary

House of Assembly Standing Committee on Community Development

Email: communitydevelopment@parliament.tas.gov.au

Dear Mr Buttsworth

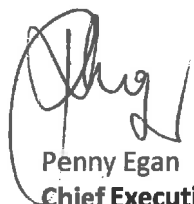
Inquiry into Palliative Care in Tasmania

Cancer Council Tasmania (CCT) welcomes the opportunity to respond to the Inquiry into Palliative care in Tasmania. CCT is a credible charity organisation in Tasmania that is committed to its Mission to minimise the impact and incidence of cancer on all Tasmanians.

CCT provides support and information to Tasmanians impacted by cancer. Although we do not administer palliative care services we provide support to clients and families who are receiving palliative care services. For this reason we do not offer a formal response to matters (i) to (iii) as outlined in your letter of 11 May 2016.

Our submission relates to matter (iv) *other matters incidental thereto* are outlined on the attached document.

Regards



Penny Egan

Chief Executive Officer

Hobart

184 Collins Street
Hobart, 7000
03 6212 5700

Launceston

69 Howick Street
Launceston, 7250
03 6341 8400

Ulverstone

50 Victoria Street
Ulverstone, 7315
03 6425 8600

GPO Box 1624
Hobart TAS 7001
Fax: 03 6212 5720
ABN 27685250740
www.cancertas.org.au

Cancer Council Tasmania

Response to Inquiry into Palliative Care in Tasmania

(iv) other matters incidental thereto

1. **Seamless transitions and communication for patients between multiple care settings providing palliative care services is imperative for holistic person centred care.**

This includes public and private health services and urban and regional centres

2. **Family carers, where present, are integral to the provision of palliative care.**

Family carers need ongoing support and respite if they are caring for someone at home with a terminal illness. Respite needs to be tailored to the individual needs of the family member, and may include overnight care for the care recipient. They may also need education around the care needs of someone who is dying and what to expect at end of life. The cultural and linguistic needs of families should be addressed.

3. **People need timely and adequate pain relief during palliative care.**

If a person is choosing to die at home, they may require access to after hours nursing or medical care, and training for family carers in how to administer pain relief medication effectively. Residential aged care staff also need to understand the palliative approach and be able to advocate for, and administer, effective pain and symptom management for residents at the end of their life.

4. **Empowered Person Centred Care - Individuals and families need to be able to make informed choices about their palliative care, and these choices need to be respected.**

For this to occur people need to know what their options are, and be able to confidently communicate their preferences to their health care team and their carers. Advance care directives (ACD) are beneficial in this process as they open discussion about end of life issues. ACDs need to be reviewed regularly, and kept on the GPs file and /or on the main hospital data base. Some people benefit from having a health worker assist them in explaining and completing an advance care directive. Powers of Attorney and Guardianship also need to be explained. Family members need to be aware of someone's advance care directives to avoid possible family conflict at end of life. The

limits to advance care directives also need to be explained- e.g. If curative treatment is deemed no longer effective then the medical treating team can stop curative treatment, and instead provide symptom management.

5. **Primary Health Workers, particularly General Practitioners, community nurses, allied health workers, residential aged care workers are key players in palliative care and need to be trained and well resourced to provide the care.**

These health workers are usually well known to the patient and have been providing ongoing health care for some time. For those people living in rural areas, their local doctor, health services and aged care facilities will be providing the bulk of the palliative care. These health workers may need encouragement and support, up to date palliative care training, and access to consultancy services from specialist palliative care services for patients and families who have more complex care and support needs. Trained volunteers can also be part of the care team, and provide psychosocial support to families receiving palliative care.

May 2016